

Tax Year: 2009



Town of Barrington

- ASSESSMENT DIVISION -
C/O BARRINGTON TOWN HALL
283 COUNTY ROAD
BARRINGTON, RI 02806

***True and Exact Account of All Ratable Estate Owned, or Possessed, As of 12/31/2008
Per Rhode Island General Law 44-5-15***

*This form must be filed between January 1, 2009 and January 31, 2009
An extension may be requested between January 1st & January 31st, in which case
this form must be filed between March 1, 2009 & March 15, 2009*

DATE OF APPLICATION: _____

APPLICANT(S) NAME: _____

TITLE: _____

CURRENT MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

REAL ESTATE (If more than one parcel is owned or possessed, please explain on additional pages)

Property Location: _____

Plat / Lot: _____

Account Number: _____

Assessed Value: \$ _____

Insured Amount \$ _____

Fair Market Value: \$ _____

Based Upon: _____
Owner's Estimate / Appraisal / Real Estate Broker /

MOTOR VEHICLE(S) / MOTORCYCLES / MOBILE HOMES, ETC.

Plate Number: _____

Registered Where: Town: _____ State: _____

of Days Registered: _____

Year: _____

Make: _____

Model: _____

Color: _____

VIN: _____

Plate Number: _____

Registered Where: Town: _____ State: _____

of Days Registered: _____

Year: _____

Make: _____

Model: _____

Color: _____

VIN: _____

PERSONAL PROPERTY

If you are filing a True and Exact Account for a corporation, partnership, sole-proprietorship, or any other business related entity regarding the business'; computer equipment, software, furniture, fixtures, inventory, leased equipment, leasehold improvements and taxable personal property, please call the Assessor's Office for a more detailed form.

List other vehicles, or real estate owned or possessed on these lines

[illegible]

APPLICANT'S CERTIFICATION

I certify, under penalty of perjury, that the above listed information is to the best of my knowledge a true and exact account of all ratable estate owned or possessed by me (any misrepresentation of these facts may result in a loss of your appeal rights in the Town of Barrington, or in Rhode Island Superior Court, should the undersigned so choose to appeal to that level)

Respectfully submitted,

Sign Name Here: _____

Print Name Here: _____

Date: _____

Title: _____

NOTARY PUBLIC

State of Rhode Island

County of _____

Subscribed and sworn to before me at _____ this _____ day of _____ **2009**

My commission expires: _____

Signature of Notary Public

**** THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED ****





1